

CLAIMS ONLY							Application Number 101740985		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							61					
2							62					
3							63					
4							64					
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38							98					
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40							100					
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46												
47												
48												
49												
50												
Total Indep	3						Total Indep					
Total Depend	18						Total Depend					
Total Claims	21						Total Claims					